Case 20-22575-JNP Doc 67 Filed 08/23/22 Entered 08/23/22 15:05:02 Desc Main Document Page 1 of 7

Fill in this information to identify your case:							
Debtor 1	Stephanie Robinson						
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		DISTRICT OF NEW JER	SEY				
Case number	20-22575						

Check if this is an amended filing

Official Form 106Sum

	ficial Form 106Sum		
	mmary of Your Assets and Liabilities and Certain Statistical Information		2/15
info	is complete and accurate as possible. If two married people are filing together, both are equally responsible for Imation. Fill out all of your schedules first; then complete the information on this form. If you are filing amender Foriginal forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
		Your as	sets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	101,263.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	9,775.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	111,038.00
Par	t 2: Summarize Your Liabilities		
		Your lia Amount	bilities you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	122,982.82
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	61,226.22
	Your total liabilities	\$	184,209.04
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,276.56
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,485.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your	r other sch	edules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this is	box and su	bmit this form to

Summary of Your Assets and Liabilities and Certain Statistical Information Official Form 106Sum page 1 of 2 Case 20-22575-JNP Doc 67 Filed 08/23/22 Entered 08/23/22 15:05:02 Desc Main Document Page 2 of 7

Debtor 1 Stephanie Robinson

Case number (if known) 20-22575

the court with your other schedules.

3. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,734.67

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	im
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	32,815.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	32,815.00

Fill	in this information to identify your of	case:							
Deb	otor 1 Stephanie i	Robinson			_				
	otor 2 ouse, if filing)				_				
Unit	ted States Bankruptcy Court for the	e: DISTRICT OF NEW J	ERSEY		_				
Cas	se number 20-22575					Check if this is:			
(If kn	nown)	=			■ An amende	ed filing			
							ent showing postpetition chapter as of the following date:		
<u>O</u> 1	fficial Form 106I					MM / DD/ Y	YYY		
So	chedule I: Your Inc	ome					12/15		
spoi	plying correct information. If you use. If you are separated and you has separate sheet to this form. The describe Employment	ur spouse is not filing wi On the top of any additi	ith you, do not include	infori	mation a	about your spo	ouse. If more space is needed,		
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-filing spouse		
	If you have more than one job,	Employment status	■ Employed			☐ Empl	☐ Employed		
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not e	☐ Not employed		
	employers.	Occupation	CNA						
	Include part-time, seasonal, or self-employed work.	Employer's name	Genesis Health C	are					
	Occupation may include student or homemaker, if it applies.	Employer's address	54 Sharp St Millville Center Millville, NJ 0833	2					
		How long employed to	here? 2 Years						
Par	t 2: Give Details About Mo	nthly Income							
Esti	mate monthly income as of the cuse unless you are separated.	late you file this form. If	you have nothing to rep	ort for	any line,	, write \$0 in the	space. Include your non-filing		
	u or your non-filing spouse have m e space, attach a separate sheet to		ombine the information	or all e	employer	rs for that perso	on on the lines below. If you need		
					Fo	or Debtor 1	For Debtor 2 or non-filing spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	2,372.29	\$N/A		
3.	Estimate and list monthly over	time pay.		3.	+\$	0.00	+\$ N/A _		
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	2,372.29	\$ <u>N/A</u>		

Deb	tor 1	Stephanie Robinson	-	(Case	e number (if known)	20	0-2257	5		
						r Debtor 1	r	For Deb			
	Cop	by line 4 here	4.		\$_	2,372.29	_ \$	·		N/A	<u>\</u>
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	58	a.	\$	0.00	\$;		N/A	1
	5b.	Mandatory contributions for retirement plans	5b	٥.	\$	0.00	\$;		N/A	<u> </u>
	5c.	Voluntary contributions for retirement plans	50		\$_	0.00	_			N/A	_
	5d.	Required repayments of retirement fund loans	50		\$_	0.00		·		N/A	_
	5e. 5f.	Insurance Domestic support obligations	5€ 5f		\$ \$	0.00	_		—	N/A N/A	_
	5g.	Union dues	5 <u>0</u>		φ_ \$	0.00	- '			N/A	_
	5h.	Other deductions. Specify: Deductions		9. h.+	\$-	315.73	_ '			N/A	_
6.	Ado	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$	315.73	-			N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		* - \$	2,056.56	_			N/A	_
8.		all other income regularly received:			Ψ –	2,000.00	- *	·		14//	<u> </u>
0.	8a.	Net income from rental property and from operating a business, profession, or farm									
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	88	a.	\$	0.00	\$;		N/A	1
	8b.	Interest and dividends	8b	o.	\$	0.00	\$;		N/A	1
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive									
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	n.	\$	220.00	\$:		N/A	
	8d.		80		\$-	0.00				N/A	_
	8e.	Social Security	86	Э.	\$	0.00	_			N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.			_		-				_
		Specify:	8f	f.	\$	0.00	\$;		N/A	1
	8g.	Pension or retirement income	_ 80	g.	\$_	0.00	_	·		N/A	<u> </u>
	8h.	Other monthly income. Specify:	_ 8h	h. +	\$_	0.00	_ + \$;		N/A	<u>\</u>
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [\$	220.00	\$;	_	N/	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		2,276.56 + \$			I/A	= \$	2,276.56
10.		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		Σ,270.30 + ψ				- Ψ -	2,270.30
11.	State Inclination Other	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	dep				-	in Sche		÷ J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain lies						it	12.	\$	2,276.56
13.	Do :	you expect an increase or decrease within the year after you file this form	?							Combi month	ined ly income
		No.									

Official Form 106l Schedule I: Your Income page 2

Fill	in thi <u>s informa</u>	tion to identify yo	our <u>çaşe:</u>			1		
	tor 1	Stephanie R					c if this is: An amended filing	
	otor 2 ouse, if filing)						A supplement show	ving postpetition chapter the following date:
Unit	ed States Bankr	uptcy Court for the	: DISTRI	CT OF NEW JERSEY		1	MM / DD / YYYY	
	e number 20 nown))-22575						
		rm 106J						
		J: Your			and Citizen to mathematic	- (1		12/15
info	ormation. If m		eded, atta	. If two married people a ch another sheet to this n.				
Par		ibe Your House	hold					
1.	Is this a joir ■ No. Go to	line 2.	in a sanar	ate household?				
	□N	0	•	al Form 106J-2, <i>Expense</i>	s for Separate House	ehold of Debto	or 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Do Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state dependents				Daughter		7	□ No ■ Yes
								□ No □ Yes
								□ No
								☐ Yes
								□ No □ Yes
3.	expenses of	enses include f people other t d your depende	han $_{\square}$	No Yes				103
Est exp	imate your ex	ate Your Ongoi penses as of your date after the	our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a sup	you are using this fo plemental <i>Schedule</i>	orm as a sup	oplement in a Cha e box at the top o	apter 13 case to report f the form and fill in the
the		n assistance an		government assistance cluded it on <i>Schedule I:</i>			Your exp	enses
4.		or home owners and any rent for th		ses for your residence.	Include first mortgage	e 4. \$		1,033.00
	If not includ	ed in line 4:						
		estate taxes				4a. \$		0.00
		rty, homeowner's	s, or renter	's insurance		4a. \$		0.00 0.00
	•	•		upkeep expenses		4c. \$		0.00
_		owner's associa				4d. \$		0.00
5.	Additional r	nortgage paym	ents for yo	our residence , such as ho	me equity loans	5. \$		0.00

Debtor	1 Steph	anie Robinson	Case numb	er (if known)	20-22575
6. Ut	tilities:				
6a		sity, heat, natural gas	6a.	\$	300.00
6b	o. Water,	sewer, garbage collection	6b.	\$	55.00
6c	. Teleph	one, cell phone, Internet, satellite, and cable services	6c.	\$	200.00
6d	d. Other.	Specify: Cell phone	6d.	\$	130.00
. Fo		usekeeping supplies	7.	\$	715.00
. Cł	hildcare an	d children's education costs	8.	\$	0.00
. CI	lothing, lau	indry, and dry cleaning	9.	\$	100.00
). Pe	ersonal car	e products and services	10.	\$	120.00
. M €	edical and	dental expenses	11.	\$	30.00
2. Tr	ansportati	on. Include gas, maintenance, bus or train fare.		_	0.40.00
		e car payments.		\$	240.00
		nt, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
		ontributions and religious donations	14.	\$	0.00
	surance.	- '			
	o not includ 5a. Life ins	e insurance deducted from your pay or included in lines 4 or 20.	15a.	¢	0.00
	5b. Health		15a. 15b.		
_				\$	281.00
	c. Vehicle			\$	181.00
		nsurance. Specify: t include taxes deducted from your pay or included in lines 4 or 20.	130.	Φ	0.00
	pecify:	it include taxes deducted from your pay of included in lines 4 of 20.	16.	\$	0.00
		or lease payments:		·	
		yments for Vehicle 1	17a.	\$	0.00
17	b. Car pa	yments for Vehicle 2	17b.	\$	0.00
17	c. Other.	Specify:	17c.	\$	0.00
17	d. Other.	Specify:	17d.	\$	0.00
		nts of alimony, maintenance, and support that you did not repo		•	0.00
de	educted fro	m your pay on line 5, Schedule I, Your Income (Official Form 10	1 8.	\$	
	mer payme becify:	ents you make to support others who do not live with you.	19.	\$	0.00
	,	operty expenses not included in lines 4 or 5 of this form or on		ur Incomo	
		ges on other property	20a.		0.00
	b. Real es		20b.		0.00
_		ty, homeowner's, or renter's insurance	20c.	·	0.00
		nance, repair, and upkeep expenses	20d.	·	0.00
		wner's association or condominium dues		\$	0.00
	ther: Specif		21.		0.00
1. 01	iner. Speci	у.		тф	0.00
		ur monthly expenses			
		s 4 through 21.		\$	3,485.00
22	2b. Copy lin	e 22 (monthly expenses for Debtor 2), if any, from Official Form 106	J-2	\$	
22	2c. Add line	22a and 22b. The result is your monthly expenses.		\$	3,485.00
3. C=	alculate vo	ur monthly net income.	l		
		ne 12 (your combined monthly income) from Schedule I.	23a.	\$	2,276.56
		our monthly expenses from line 22c above.	23b.		3,485.00
_0	Jop, y		200.		5,700.00
23		ct your monthly expenses from your monthly income.		•	4 000 **
		sult is your monthly net income.	23c.	\$	-1,208.44
Fo	or example, d	ct an increase or decrease in your expenses within the year aft o you expect to finish paying for your car loan within the year or do you expect the terms of your mortgage?			ease or decrease because o
	No.				
	l Yes.	Explain here:			

United States Bankruptcy CourtDistrict of New Jersey

In re	Stephanie Robinson		Case No.	20-22575
		Debtor(s)	Chapter	13
	DECLARATION CONCEIDECLARATION UNDER PE			
	I declare under penalty of perjury that are true and correct to the best of my knowled		onsisting of 0	page(s), and that they
Date	August 23, 2022	Signature /s/ Stepha	anie Robinson e Robinson	

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Debtor 1